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COMPLAINT TO ATTORNEY GENERAL ON A NONPROFIT ORGANIZATION

Name of organization: _____

List any other names it uses: _____

Address of organization: _____

City, State, ZIP: _____

Telephone number of the organization: _____

Briefly summarize the main points of your complaint here:
(Attach additional pages for the details of your complaint, if necessary)

Have charitable funds or other assets been lost, wasted or diverted from proper charitable purposes? Or, is there a danger that such loss will soon occur? Please explain, giving your best estimate of the amount lost or at risk, if you know:

What action has already been taken, either within the organization or with other law enforcement agencies, to try to resolve this problem:

List the names, addresses and telephone numbers, if known, of all persons you believe may be responsible for this problem:

List the name, address and telephone number of any other persons who may have additional information concerning the complaint:

Your name, address and telephone number: _____

_____ Date: _____

Check here, if you request that your identity be kept confidential.

Mail the completed form and any attachments to: Registry of Charitable Trusts, Office of the Attorney General, P.O. Box 903447, Sacramento, CA 94203-4470.